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ABSTRACT

The psychological treatment of rape victims is complicated due to the nature of the crime; the trauma which may occur in four main areas of the victim's life (social, emotional, physical and sexual); community agency involvement and treatment, if any; and the societal attitude that places the blame on the victim. Therapists, in treating rape victims, must have an awareness of possible ramifications and must be prepared to deal with them in the counseling relationship. This paper focuses on the many aspects that therapists must consider in treating a sexual assault victim and describes common therapeutic issues and strategies that can be employed. Special circumstances such as a client in ongoing therapy who discloses a rape that had previously not been acknowledged is addressed. These aspects are illustrated with case material. (Author)

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COUNSELING RAPE VICTIMS

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COUNSELING RAPE VICTIMS

Prior to considering the actual counseling process involved in working with rape victims, I think it is important for me to identify certain assumptions which we operate on as counselors. First, and foremost, we believe that no one has the right to rape. In a society where the victim is faced with doubt and suspicion from the onset, this is a crucial stand to take. It makes the complicity issue irrelevant except insofar as the client identifies it as important to her. This is quite different from some professional opinions. I am reminded of the psychologist who spent several sessions trying to establish the significance of the fact that his client happened to have been raped while he was on vacation.(Werner, 1972). In describing the case later, the man seemed to imply that she was unconsciously seeking to punish him for having abandoned her. I think that's "enough said."

The second assumption we make is that, as a crime, rape is surrounded by myths which the counselor is just as susceptible to as the client. Thus, it is incumbent upon us to constantly reassess our own attitudes and information.

In addition, we recognize that rape is a painful experience; again, for both the client and for the counselor working with her. There is really no way to distance onself effectively from this pain because it is inherent to the trauma.

Finally, and relatedly, rape is a profoundly traumatic experience with potential ramifications in the woman's social, emotional, physical, and sexual parts of her life. Thus we are deal ng with a woman in

potentially a total life crisis.

These assumptions have some direct implications for the counseling process as we conceptualize it. Because rape is viewed as an externally imposed crisis, the woman's response will interact with her predominant coping style as well as her developmental stage. For the most part the counseling we have done is short-term and issue-oriented, and it may often be counselor-initiated.

But most important, because we conceive the crime as one of power and intimidation, the foremost goal of counseling is to aid the victim in regaining her sense of control. To this end she should be particularly supported in making her own decisions subsequent to the assault and reasserting her ability to have an impact on her own life.

I would now like to talk briefly about the five major areas where these choices are at issue for the rape victim. If you will refer to the handout, you will see them outlined(see appendix). With the four involving public agencies we urge you to investigate your own local laws and procedures to obtain specific information.

With the police, it is important that they be contacted within 24-48 hours if the victim is to have any likelihood of prosecuting. Waiting longer or taking any measures to shower or change clothes will destroy important evidence.

With this and the other decisions confronting the victim, we, as counselors, try to describe the pro's and con's and help her weigh the alternatives. It is well known, for example, that the treatment given by many police is less than sensitive. Although things seem to be improving, it is important for the victim to know that her experience will not be easy.

If the woman wishes to file a formal complaint she must receive a complete medical exam at a hospital designated to formally collect the evidence. If she does not wish to report it she may often receive treatment as simply an accident victim. We strongly recommend that she seek medical attention(either at a hospital or from a private physician) for venereal disease testing and to receive assurance that she is physically all right.

The decision to prosecute is made by the legal authorities but they must have the full cooperation of the victim. The pitfalls of this process have received much attention in the media recently. Again, we discuss the pro's and con's with the victim and provide her with accurate information. As counselors we must also be aware of the fact that if the case goes to trial, the experience often reawakens the trauma of the event and the woman may need additional supportive counseling.

Our experiences with women who have told their families have been varied. Reactions have ranged from "Who was he, we want to kill him" and "My poor baby, you'll never be the same" to "We'll do anything to help." It is important for the counselor to help the woman assess what she thinks the family's reaction might be and whether this potential source of support is crucial to her.

Finally, the decision of whether or not to seek counseling is an issue for the victim to consider. I have already touched on some ways in which a counselor might be helpful. I would now like to expand on the counseling process itself.

THE COUNSELING PROCESS

Rape victims who seek counseling are usually in either the primary

crisis reaction or they have had a recent experience which has reactivated their crisis response and highlights an unresolved issue related to the assault. Initially it is most important to establish a working alliance which provides a secure and confidential environment for the client. At this time the counselor is also able to assess the victim's coping style and her main sources of support.

In conceptualizing the rape crisis syndrome as an acute traumatic neurosis or a transient situational personality disorder, both acute stress reactions, the first goal of counseling is to reverse the decompensation process and aid the woman in reasserting or developing adequate coping mechanisms. The strategy of choice is catharsis. Several benefits accrue from this process. There is a release of tension associated with the act of catharsis itself. In some ways it is a form of desensitization which allows the victim to regain some control over her emotions by deflating the fears associated with the assault. Secondly, there is the re-establishment of a meaningful relationship for the victim which incorporates the full impact of the rape experience. Finally, the counselor has an opportunity to gain knowledge of the treatment received by the victim during and after the assault, as well as the extent of support from her current social network.

This catharsis is often difficult to facilitate because the client naturally seeks to skip off the track and avoid repeating painful experiences. Repression is a natural and protective process. However, we believe it is crucial for the counselor to support her in confronting the experience in an atmosphere where her feelings are totally legitimized and accepted -and thus begin the process of re-

compensation and re-integration.

The second major phase of therapy is a basic type of supportive counseling. There are a variety of ways of conceptualizing this process. For example, previous work with acute combat reactions and victims of civilian disasters has shown that these persons typically respond in a sequence: shock, depression, and readjustment. Bridwell and Freiburg(in press) have described the counseling phase with rape victims as analogous to the grief process and involving the client dealing with denial, depression, anger, and finally, resolution. Holmstrom and Burgess(1974) identify the two main phases as the acute and the re-integration.

Regardless of how the process is conceptualized, there are some basic elements which our experience has shown are usually present. The counselor is often the first person who recognizes the extent and depth of a rape victim's feelings. Through his or her acceptance of these feelings as part of a natural and legitimate reaction process on the part of the victim, the counselor offers the woman support and relief from her emotional isolation in a most significant way.

Beyond accepting these feelings, the counselor may often help the victim to clarify her reactions. For example, many women are not able to recognize the depression they are experiencing as oftentimes anger turned inwards. Other women are unable to discriminate between the rage they feel towards the rapist and the anger or mistrust they have for men in general. This is often an extremely important issue to be dealt with, for many women fear that their sexual relations will be permanently affected. In order to prevent the fixation of anxiety in relation to this aspect of their lives, victims

can be encouraged to focus their feelings of raye on the appropriate object, the rapist. Through clarifying some of these feelings, the counselor aids the victim to gain some level of comprehension of her emotional life, re-establish some sense of self confidence(e.g. I'm not going crazy") and thus can move on to another stage of the counseling process--resolution of some of these feelings.

For me, resolution does not mean acceptance of the experience to the point where it is forgotten. Most rape victims will say that this is impossible. However, issues can often be worked through enough to where they are easier to cope with and gradually lose some of their emotional impact. For example, fantasy work is often quite helpful in supporting the victim in expressing her profound rage at the rapist. We've often had women describe in minute detail what vengance they might like to take. Recongizing that this is a fantasy, the goal is to enable the person to get in touch with the strength and legitimacy of her anger. A counselor can often become an important resource for a woman in this stage of counseling: support and information may be given to her if the case is going to trial or the woman may be directed to rape crisis centers or lobbying groups where her energy can be put to use in productive ways, as two examples.

Finally, the counselor may work with the victim to teach her ways of avoiding a reoccurence or direct her to self-protection resources. As a normal reaction to being raped is a fear that it will happen again, counselors do well to recognize the legitimacy of this fear and respond to it.

SPECIAL COUNSELING ISSUES

For the most part I have been talking about working with women

who have typically normal or healthy coping styles. There are those individuals though who experience more extreme reactions. These compounded reactions usually may be classified as neurotic or psychotic.

Severe neurotic reactions may include conversion hysteria, acute depression, or acute anxiety. These responses are often directly related to the circumstances of the crime itself. For example, a woman may have been choked during the assault and subsequently begin to stutter, talk very softly, or experience difficulty eating. Her reaction is centered on the bodily focus of the attack rather than other aspects. A woman may also develop specific phobias related to the circumstances of the crime, e.g. whether it was inside or out of doors.

Another special case is that of incestual rape. Although we have had limited experience in this area, it is becoming much more acknowledged as prevalent. It is a complex issue requiring extreme sensitivity on the part of the therapist and usually requires much more long-term counseling.

A rape experience may evoke psychotic reactions on the part of some victims or it may be incorporated into an existing psychotic framework. I am familiar with a case where a rape caused the client's existing paranoid delusions to become more pronounced and added a whole new dimension to the already existing narcissistic injury. Among other things this woman went through periods of acting out where she sought promiscuous sexual encounters to reaffirm her feelings of worthlessness and shame. Clearly a rape experience can have diverse implications for a borderline or psychotic woman as well as for a more mentally healthy one.

A second special issue is the question of whether a female counselor is more appropriate to work with a rape victim, instead of a male. No formal research has been done in this area, but one might extrapolate from studies done in the field of counseling psychology. On a long-term basis the sex of the counselor seems to have little impact. In short-term therapy the results are less conclusive. It is possible that a female counselor might facilitate a more quickly established relationship and elicit fewer transference issues. Our experience has led us to conclude that it is the sensitivity and skill of the counselor which makes the difference, rather than his or her sex. However, we also believe that there are particular clients for whom a female counselor is indicated--and even particular stages where a male counselor might be more helpful. The issue then becomes one of allowing the client her choice and exploring with her the significance of this decision.

A final counseling issue which I want to address is that of counter-transference. Rape is a sensitive issue which we all have powerful feelings about. For male therapists it is possible that the protectiveness many men in our society are conditioned to feel towards women might assert itself. For female therapists, the rape experience is something we have been raised to fear as almost "worse than death." For both men and women, working with a rape victim is likely to elicit feelings of rage, pain, and helplessness in the face of the magnitude of the experience. A therapist must be cognizant of these possible reactions and sensitive to their impact on the counseling process. Simply put, it is a difficult experience to accept.

In summary then, the basic elements of rape crisis counseling,

as we see it, include recognition and acceptance of feelings, catharsis, and support. Although this process is painful for both counselor and client, it is also a rewarding one--for these women are victims of both their assailant and cheir environment--and any positive intervention with this cycle is significant.

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1976

Choice Points for Rape Victims*

In working with women who have been raped in the immediate past, the helper will encounter several choice points with the victim. It is important that the victim always make her own choice (except in a severe medical emergency). Keep in mind the woman has just been through a damaging experience in which she has been forced to submit against her will. She needs to be informed of her options and supported so that she can regain a sense of control in her own life.

THE MAJOR CHOICE POINTS ARE:

1. Whether to report to the police

   -Police, to investigate the crime, will question the victim, supervise the collection of physical evidence, and visit the scene of the assault if possible.
   -Typically the interrogation and investigation phase is supervised by detectives and not those to whom the crime was initially reported.
   -Questioning will typically focus on a description of the assailant, the circumstances of the assault, and the specific actions and responses of each party.
   -Police are often required by law to be notified by the hospital when a rape victim comes in for treatment. In some instances they may even question a victim before treatment is given, unless a medical emergency exists.
   -Police procedure does not encourage the presence of an advocate for the victim during the interview. However, the victim is entitled to request the presence of a friend or female officer.
   -Apprehension of the assailant is often a function of the immediacy of the complaint. The decision to contact the police should not be delayed beyond 24-48 hours if at all possible.

2. Whether to go to the hospital

   -In an emergency medical situation, this is a necessity. The police or an ambulance should transport her if available.
   -Most hospitals call the police automatically if the woman reports in as a rape victim. This does not mean she must prosecute and there is a wide variance of procedure from hospital to hospital.
   -Victims hould not bathe, shower, douche, or change clothes before going to the hospital and/or police as she will be destroying evidence on her person.
   -Hospital treatment may be insensitive and involve a lengthy process or may be efficient and empathic.
   -The woman will have an internal and external examination which will include pubic hair combings, examination for bruises and lacerations and other physical trauma. Doctors will take a complete medical history including date of last period, contraceptive use, VD information.

*Based on WORKING WITH RAPE VICTIMS: CHOICE POINTS AND VITAL INFORMATION by Dr. Nancy Carlson and Christine A. Courtois, 1973

-She will be tested and treated for VD and be told to have further VD tests in six weeks. Most hospitals will prescribe and administer a prophylaxis.
-Morning after pills or hormones are given by some hospitals to prevent pregnancy if occurance is likely. However, she has a choice on acceptance or refusal of such medication.
-She may report in as an emergency case and receive medical treatment without reporting the rape. This makes prosecution impossible as a systematic gathering of evidence is absent. She must also pay emergency room costs under these circumstances.
-There are sexual assault centers in many hospitals. Utilize their personnel.
-In many areas only particular hospitals are responsible for medically treating rape victims and gathering appropriate evidence.
-Sedation may be appropriate.
-She may need transportation home as this is not automatically assumed by the police.

3. Whether to prosecute

-In most states, rape laws and the legal system work against the victim.
-Rape laws vary from state to state . . . most include force, penetration, and lack of consent as necessary elements for prosecution. Many states are now modifying existing statutes and redefining the crime, treatment of victims and penalties. Check your local laws.
-Corroboration of the crime is no longer required but a victim has a poor chance of gaining a conviction without solid evidence.
-There are several levels of the prosecution process including issuance of a warrant, arraignment, indictment, pre-trial and trial hearings, which may last up to a year or more.
-Rape is a crime that is prosecuted by the state. The victim is assigned an attorney from County Prosecutor's Office. Her testimony is necessary for prosecution and is often subject to intensive cross examination by the defense attorney.
-Most rapists are not convicted.
-Prosecuting can be therapeutic or traumatic to the victim depending on the circumstances surrounding the trial and the verdict.

4. Whether to tell her family

-Consideration of the family's possible reactions is helpful in determining whether the family should be contacted.
-Family response may vary widely from support and understanding to rejection and accusation.
-Supportive services are often available and useful in helping family members deal with their own reactions.
-If the family is not told, the victim may experience feelings of isolation and guilt. She may also risk their discovering at a later date. On the other hand, she may be denying herself a major source of support.

5. Whether to see a counselor

-It is advisable for most victims to see a counselor. Ideally, the counselor should be aware of the dimension of the crime and its impact on the victim.
-Counseling is usually issue specific, crisis-oriented and short term.
-Counseling emphasis is on the victim regaining her sense of self respect and control over her life.